

Dr. Sanjay Verma: backed up by VAERS

Myocarditis -> scar tissue -> lower chamber ventricular arrhythmia, fibrillation and tachycardia

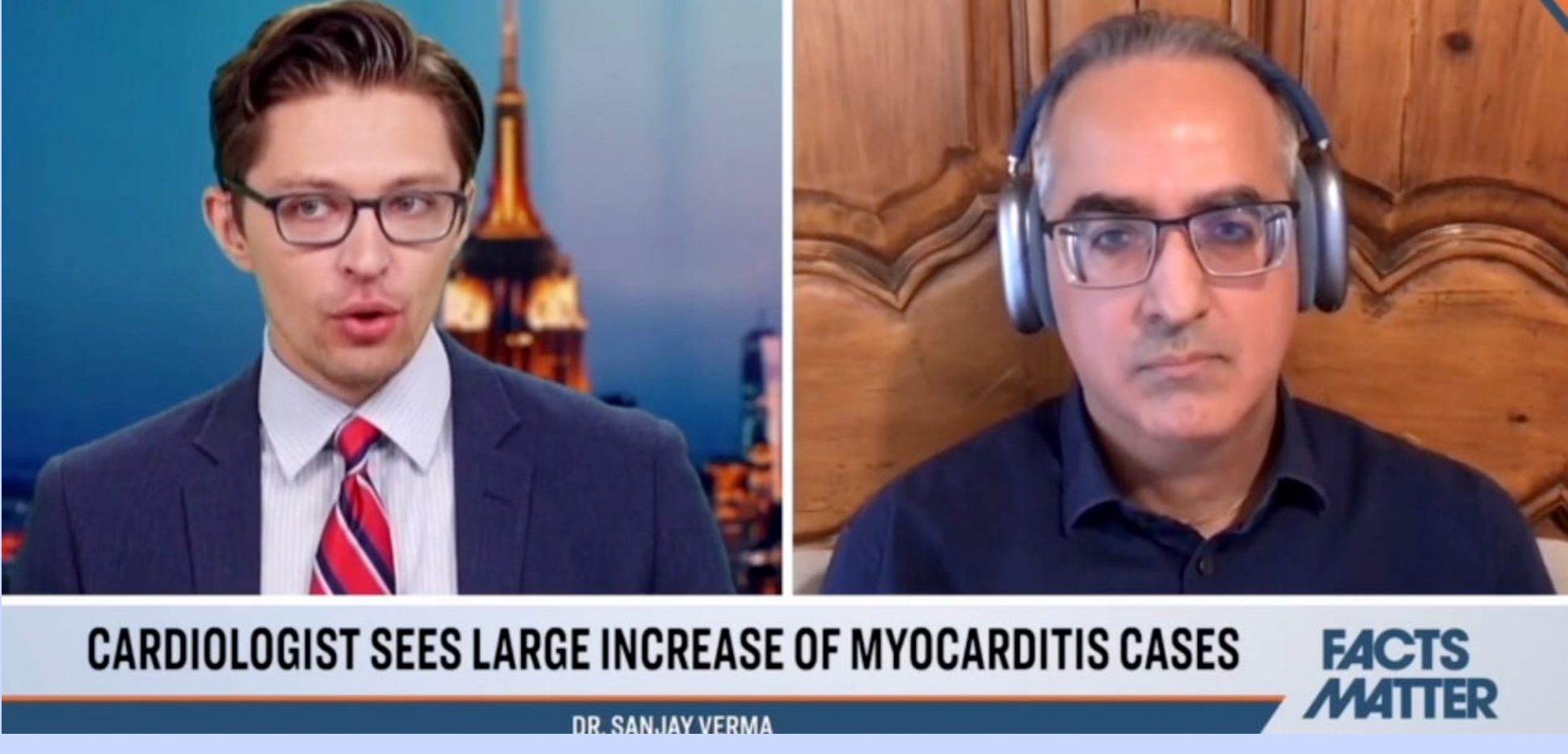
Jessica Rose

Dec 19

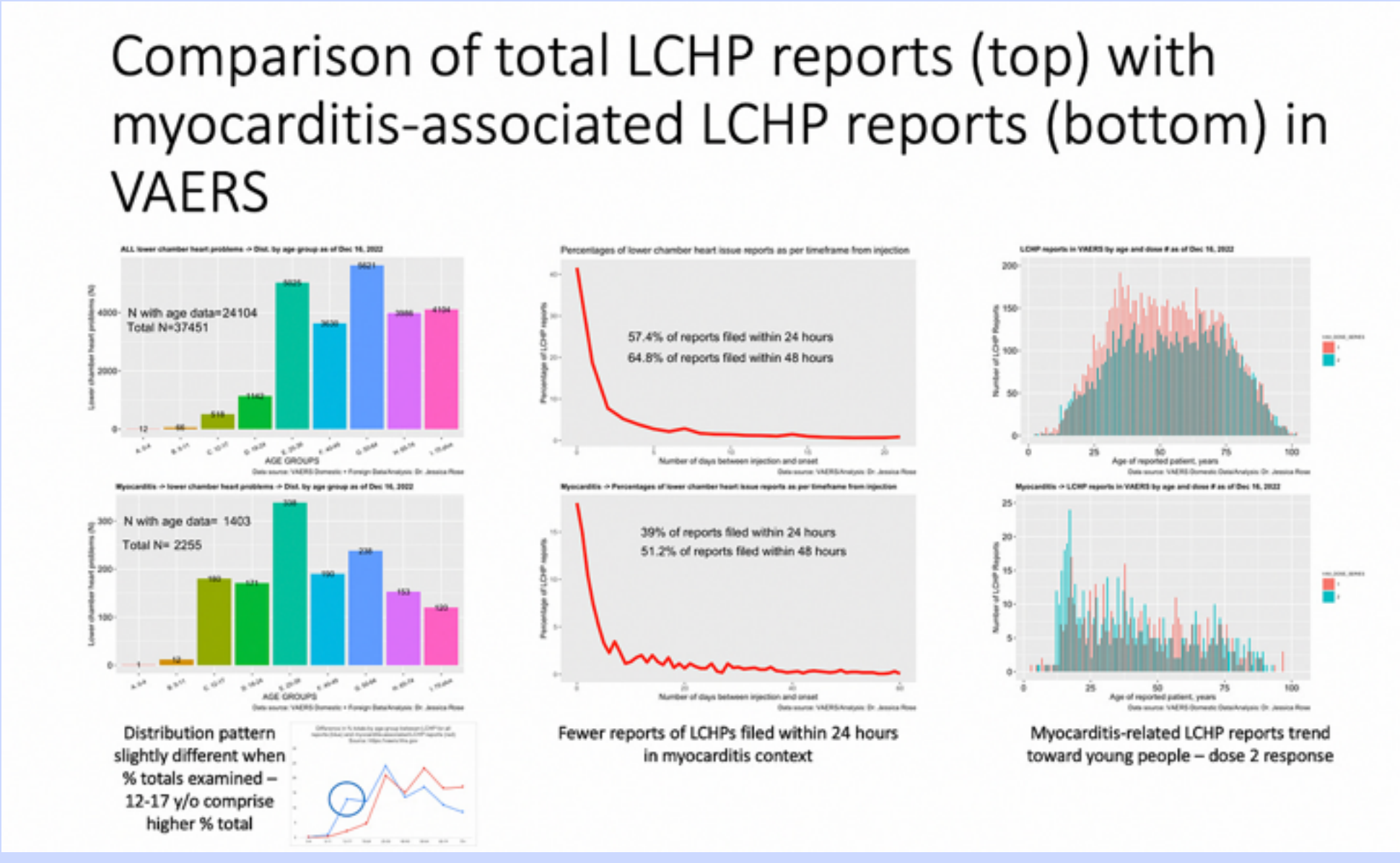
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Here's an interview that's worth watching: it's short! Click on photo to listen. He says there's an increased risk of sudden death for people (following aerobic activity) with myocarditis. It's interesting to me that the endgame of this is to become sedentary. Hmm.



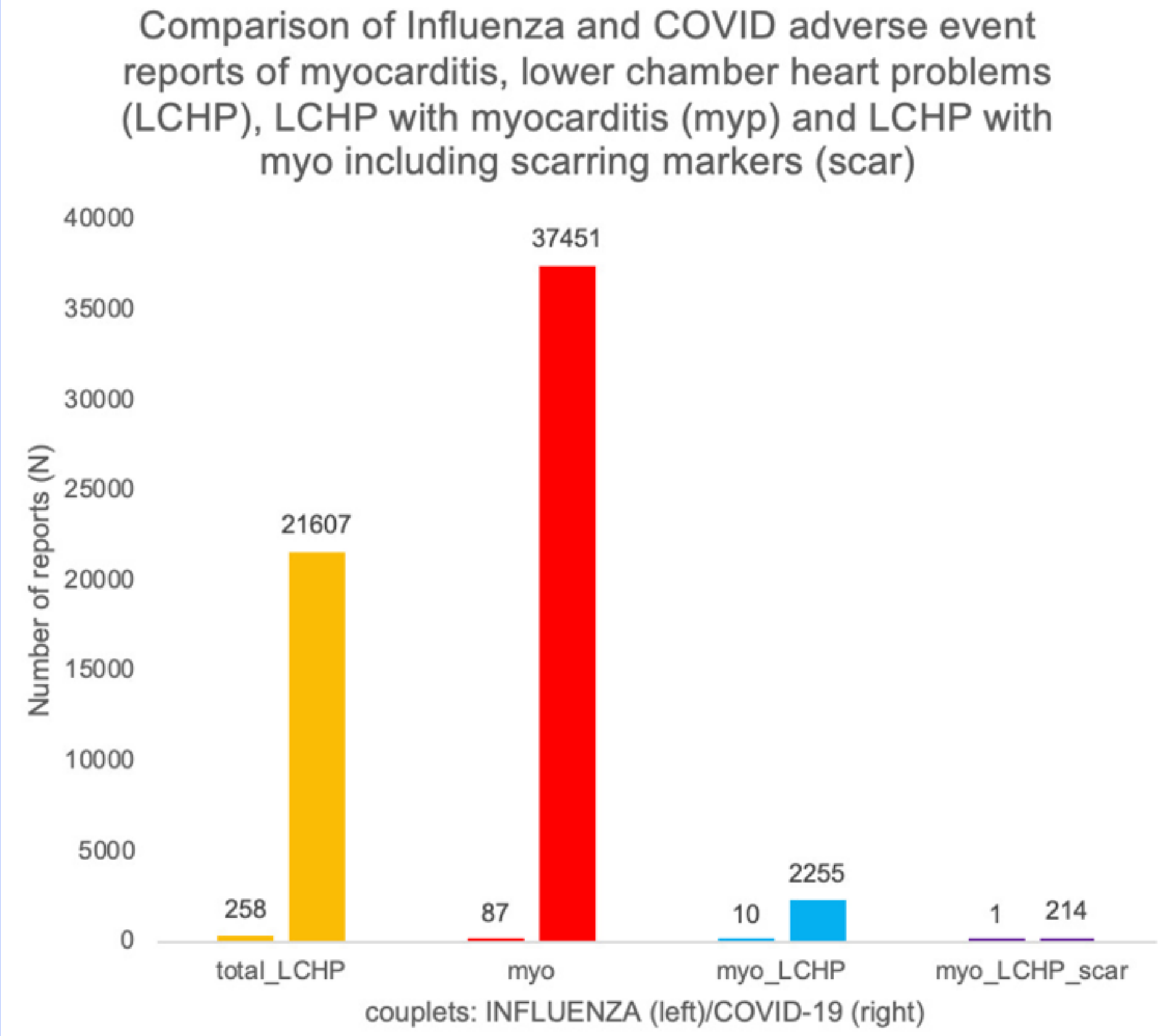
He says that scar tissue could be the result of myocarditis (yes) and that this can lead to fatal lower chamber heart problems (LCHPs) like ventricular fibrillation, tachycardia and arrhythmias. He also says that this is confirmed by CDC who published this in the Lancet. This makes me wonder about its validity, actually. But I digress. Here's what VAERS indicates.



I am not sure there's anything entirely telling about the comparison between the total reports and the myocarditis-associated reports, but here it is anyway. There are quite a few, within and without the myocarditis context. If we hone in on only the myocarditis LCHP reports, then we can more easily examine this interesting link between scar tissue formation and sudden onset of death via LCHPs. Let's look for scar-related stuff in VAERS, ie: fibrin (D-dimer - fibrin degradation product), collagen, scarring (ie: amyloids), late gadolinium enhancement, etc...

There are 214 reports of myocarditis reports that involve LCHPs that *also* involve scarring. That's a shit-ton. In my opinion. The average age of the individuals in this group is 37. 37! That is young.

What would happen if I ran this exact code over VAERS data for flu shots? Would I see a comparative ratio LCHP+scarring in reports of myocarditis?



There's no comparison. No shocker there.

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- Mark Much**Dec 19

Did Mbappe or Messi get jabbed? King Charles just knighted the CEO of AstraZeneca at Windsor castle (for his contributions to depopulation?). A good king would have knighted Mike Yeadon, Vernon Coleman, or Tess Laurie instead.

38

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- Another Side Of The Story**Dec 19

Every time I mention the huge disparity in VAERS for the Covid shots vs influenza I get "more people took the Covid shots". If I ask "how many more?" I get blank stares. Is there some simple way to dispel this I've missed? I usually say "I'm thinking it's probably not that many more considering the percentage taking shots in 2021 for Covid and comparing to a prior year flu percentage". But I get blank stares. Almost always. I explain if the events were unrelated there wouldn't be such a time dependent signal in so many adverse reaction plots from date of shot to date of AE. Still blank stares. Maybe "correlation isn't causation". Then if I point out more doses is correlated to more AE like myocardial issues still more blank stares. "You aren't a doc." Haha! I am very thankful for all the work you are doing to help us get the word out. Cheers.

23

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This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.

This particular note spoke loudly to me and this lovely person gave me permission to share her words.

JESSICA ROSEJUL 17

1,641

230

A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...

Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH

JESSICA ROSENOV 2, 2021

1,245

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Rewrite: Let's tag team this until everybody understands

The modified spike protein is dangerous and for very specific reasons.

JESSICA ROSEJUN 13

676

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